

Case Number:	CM13-0064228		
Date Assigned:	01/03/2014	Date of Injury:	12/30/2012
Decision Date:	04/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant has a date of injury of 12/30/12 and has been treated for right knee pain. A note provided dated 11/6/13 documents a history of right knee pain, swelling, stiffness, popping, clicking, and weakness. Examination demonstrated tenderness overlying the medial and lateral joint line with positive McMurray's Test. Physical therapy to include modalities, therapeutic exercise, and work conditioning three times per week for four weeks to the right knee was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

THE REQUEST FOR PHYSICAL THERAPY TO INCLUDE MODALITIES, THERAPEUTIC EXERCISES AND WORK CONDITIONING 3 TIMES A WEEK FOR 4 WEEKS TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Work Conditioning/Work Hardening PT.

Decision rationale: Physical therapy to include modalities, therapeutic exercise, and work conditioning three times per week for four weeks to the right knee would not be considered medically necessary and appropriate in this case based upon the Official Disability Guidelines. The CA MTUS and ACOEM Guidelines do not address work conditioning. Official Disability Guidelines specifically state that for work conditioning, work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy primarily for exercise, training/supervision, and would be contraindicated if there is significant psychosocial, drug, or attitudinal behaviors to recovery. In this case, there is no documentation that this claimant has failed a normal course of physical therapy. Multiple records are provided but no records document that this claimant underwent physical therapy for the knee. ODG Guidelines also recommend 10 visits over 4 weeks. The claimant would not be a candidate for work conditioning absent documentation of a normal course of physical therapy as required by the Official Disability Guidelines. The request is for a total of 12 sessions which would exceed the ODG recommendation of 10 visits. Therefore, physical therapy to include modalities, therapeutic exercise, and work conditioning three times per week for four weeks to the right knee would not be considered medically necessary and appropriate in this case.